PTOYSEOS (08-03)

Approved for use through 7/31/2006, OMB 0651-0032

U.S. Petent and Trademark Officer, U.S. DEPARTMENT OF COMMERCE
and to a collection of information undess it displays a viglid OMB confed number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								7)//C	7331
		CLAIMS A	S FILED	- PART I	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
Г	FOR	MELEN	HUMBER FILED NUME		ER EXTRA RATE FEE		FFF		RATE	FEE
	SIC FEE CFR 1.18(A))		04			1	,	OR		7
	AL CLAMS CFR 1.15(d)	127	X: minus 20 • ·			X = /-	7	OR OR	1/	7
UND	EPENDENT CLAI CFR 1.15(b))	MS Z	The minus 3 a 1			 7 	/		-	 /
		ENT CLAIN PRESE		p37 CFR 1.15(d)			OR OR	7-	/	
" If the difference in column 1 is less than zero, enter "V" in column 2.						TOTAL /		OR	TOTAL	
CLAIMS AS AMENDED - PART II COLUMN 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN SMALL ENTITY										
A ·		CLAIMS	T	HIGHEST	PRESENT					
		REMAINING AFTER	.	NUMBER PREVIOUSLY	EXTRA	RATE	TIONAL		RATE	ADDI- TIONAL .
AMENDMENT	Total	AMENDRENT	Minus	PATOMOR	-	 / 	FEE		 	FEE
ğ	(D7 GFR 1.HEKS) Independent	127	Minus	(1)		X 3/*	-/-/ '	OR	×8	
ME	(37 CFR 1,100.0)			7		X 8 /	/	OR	X3_/ •	
FREST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.16(9))						+6	<u> </u>	OR	+4/	
alala						TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	
(Cotumn 2) (Cotumn 3)										
AMENDMENT B		CUAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
	Total · (27 CFR 1.16(d)	22	Minus	" JS		x 8 =	-	OR	X 8 =	
Ē	Endependent (97 CFR 1.140())	. (/	Minus	" 4	•	x s=		OR	X 8 =	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST OFR 1.18(4))					+3		OR	+5 =	
						TOTAL ADD'L FEE		OR '	TOTAL ADO'L FEE	
		(Column 1)		(Cotumn 2)	(Cotume 3)					
O		CLAIMS REMAINING		HIGHEST	PRESENT				·	
		AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADOH TIONAL FEE
AMENDMENT	COST I ESO CO	22	Minus	25	• .	x 1 •	7	OR	X8	
EN	Independent · Q7 CFR 1.16(kg)	3	Minus	- 4		× 4 =	7	or ·	× 8 =	7
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1803)					+3e	7	DR .	+ 1 .	
TOTAL / TOTAL ADDL FEE / OR ADDL FEE										
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2".										
The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and automiting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1430, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, BEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.